Transcript of the Testimony of **IDD-TAC Meeting**

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Case: IDD-TAC Meeting

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IDD-TAC Meeting

COMMONWEALTH OF KENTUCKY

CABINET FOR HEALTH AND FAMILY SERVICES

DEPARTMENT FOR MEDICAID SERVICES

"INTELLECTUAL AND DEVELOPMENT DISABILITIES

TECHNICAL ADVISORY MEETING"

HELD AT:

PUBLIC HEALTH BUILDING

275 EAST MAIN STREET

FRANKFORT, KENTUCKY 40621

DATE:

MARCH 14, 2018

IDD-TAC Meeting

A T T E N D E E S:

Rick Christman	-	KAPP
Johnny Callebs	-	KAPP
Wayne Harvey	-	KAPP
Dawn Wheeler	-	DMS
Alisha Clark	-	DMS
Sherri Brothers	-	Arc of Kentucky
LeAnn Magree	-	WellCare
Laura Sanders	-	DCBS
Steve Shannon	-	KARP
Crystal Shadd	-	DXC
Stayce Towles	-	DXC
Chris Stevenson	-	KAPP
Earl Gresham	-	DMS
Pam Smith	-	DMS
Cathy Terry	-	DMS
Christian Stewart	-	Parent

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MR. CHRISTMAN: So, welcome and introductions. I'm Rick Christman, and I work for Employment Solutions in Lexington but I also, I represent KAPP.

MR. STEVENSON: My name is Chris Stevenson. I'm President and CEO of Cedar Lake and I'm a board member of KAPP but I represent the TAC on the Leading Age in Kentucky.

MS. TOWLES: I'm Stayce Towles with DXC for Medicaid.

MR. GRESHAM: Earl Gresham, Medicaid.

MS. CLARK: Alisha Clark, Medicaid.

MS. SMITH: Pam Smith, Medicaid.

MR. SANDERS: Lauren Sanders, DCBS.

MS. MAGRE: Leann Magre, Well Care.

MS. BROTHERS: Sherri Brothers, Arc of Kentucky.

MR. STEWART: Christian Stewart, I am a Michelle P Parent.

MR. CALLEBS: Johnny Callebs, KAPP.

MR. CHRISTMAN: First item on the agenda, and Sherri brought this up but apparently Sherri's real active with the ARC of the United States, right Sherri?

MS. BROTHERS: Uh-huh.

MR. CHRISTMAN: And we're interested and

they're interested about what's going on in Kentucky, particularly this definition of medically frail. Has that been -- has that been worked out yet? Has that been finalized?

MS. CLARK: So we had requested for Dr. Liu to see if he could come --

MR. CHRISTMAN: Uh-huh.

MS. CLARK: -- today but he had prior engagements. And he sent me some information that I will read to you. He basically says CMS requires identifying whether someone is medically frail and if so excluding them from the 1115 waivers -- 42CFR440.315, Exempt Individuals.

Kentucky reviewed several other states approaches to medically frail. Similar to other states, we have two approaches that we could use. Using Government administrative data to identify medically frail individuals using an automated response, basically analysis of Medicaid claims, whether someone is receiving SSI/SSDI benefits; whether someone is included in the state homeless management information system); or 2)relying on clinician attestation.

DMS worked with Wakely, an actuarial firm engaged to guide our state's medicaid program in

setting payment rates, to also provide medical underwriting and clinical expertise to develop the automated process of determining whether an individual is medically frail. State leaders within DMS or its sister agencies(e.g. clinician leaders from BHDID or DCBS)also provided strong input. A standardized form has been developed that MCOs will use to collect clinician attestations. Any enrolled provider in KY Medicaid can attest, provided that the clinician judgment is within their scope of expertise and practice. There are not new payments for completing an attestation. This is in large part due to a vision wherein a clinician would complete the perform as part of an encounter that allows for management of medically frailty, and thus be eligible for commensurate payment through the existing fee schedule for an intensive clinical service.

We have planned Medicaid forums at every region of the state to foster in-person discussions of the medically frail determinations. Also the MCOs should be providing abundant guidance and support. The existing process for appeals applies to the medically frail determination and if you need further information or -- Oh, there's one more,

there's one other thing. DMS is committed to ensuring that those who are medically frail will receive appropriate, high quality, comprehensive and coordinated care.

MR. CHRISTMAN: Do you take that then as still a work in process then or it's done?

MS. CLARK: That I can't speak to because it's on the 11-15 side and so when --

MR. CHRISTMAN: Okay. And so from that, we don't really get that from here whether -- I mean, you can't discern from that whether it's finalized or not.

MS. CLARK: I'm not sure because I've not been involved in it.

MR. CHRISTMAN: Yeah. Okay.

MS. SANDERS: Alisha, do you care if I add something --

MS. CLARK: Yeah.

MS. SANDERS: -- here just my input. Medically frail is a Kentucky health term and, you know, of course all things they're still working things out. But the -- if you're in home community based waivers, you're exempt Kentucky Health.

MR. CHRISTMAN: Right.

MS. SANDERS: So it doesn't -- that -- we

wouldn't -- nothing will be changing for those in --

MR. CHRISTMAN: Would it be true that anyone who receives Medicare of Medicaid by virtue of having a disability would be considered medically frail?

MS. SANDERS: If they were determined disabled by Social Security, it's my understanding that they would be.

MR. CHRISTMAN: That they would be --

MS. SANDERS: Yes.

MR. CHRISTMAN: Yeah.

MS. SANDERS: Yes, that's -- that's my --

MR. CHRISTMAN: Anyone who had receives disability benefits --

MS. SANDERS: If they've been determined disabled by Social Security Administration.

MR. CHRISTMAN: Yeah. Okay.

MS. SANDERS: But to point out that it's a Kentucky Health term so that if you are not subject to Kentucky Health, which people in waiver are not, then nothing is changing for them.

MR. CHRISTMAN: Right.

MS. SANDERS: That term is not even going to be applied to them. Because they're not in -- they're Medicaid and it's staying the same. Is that

everybody else's understanding?

MS. CLARK: That's my understanding.

MS. SANDERS: Okay. Okay.

MR. CHRISTMAN: Well, obviously there's people in the expansion. There's people who --

MS. SANDERS: Yes.

MR. CHRISTMAN: -- get Medicaid because of income reasons, right? Because of their income, that's why they get Medicaid. It's based on their income?

MS. SANDERS: Yes. Yes.

MR. CHRISTMAN: Not because of their disability, who may not be medically fragile? There are people --

MS. SANDERS: Oh yes, absolutely.

MR. CHRISTMAN: -- who receive the Medicaid benefits --

MS. SANDERS: Yes, absolutely. There are people --

MR. CHRISTMAN: -- who are not disabled, because of their income, right?

MS. SANDERS: Are you saying -- see that's where you're losing me because, you know --

MR. CHRISTMAN: Don't some people receive Medicaid because of their income being so low?

MS. SANDERS: Yes, absolutely. Yes it's disability. Yeah.

MR. CHRISTMAN: Not because of their disability but because of their income?

MS. SANDERS: Yes, they're below the income -- they're below the 138 percent.

MR. CHRISTMAN: So those people would not necessarily be medically fragile then. Right?

MS. SANDERS: No. No. Yes, you are correct. I'm sorry. I was having difficulty following you, so, yes.

MR. CHRISTMAN: Particularly in the expansion population?

MS. SANDERS: Yes, that could be. Yes absolutely.

MR. CALLEBS: Rick, do you mind if I ask a question?

MR. CHRISTMAN: Sure.

MR. CALLEBS: What about people who do have a disability but are not in any waiver but because they are on a waiting list waiting but for the services?

MS. SANDERS: So to make sure I understand and were saying the same thing, you're talking about people who have been determined disabled by Social

Security, they just are not receiving any waiver services for whatever reason, on a waiting list or yeah, whatever?

MR. CALLEBS: Yes.

MS. SANDERS: Yeah. They would be automatically determined medically frail because they have been determined disabled.

MR. CALLEBS: And therefore not subject to the work or community engagement their required?

MS. SANDERS: Yes. Yes.

MR. CALLEBS: Okay. Thank you.

MR. CHRISTMAN: Do you have any other questions?

MS. BROTHERS: I guess I have one question? What if -- what if it's a child and they're determined disabled but they don't receive Social Security because of their parent's income, okay? They fall in this bracket and they're on a waiver waiting list?

MS. SANDERS: Children are automatically exempt from community engagement just because they're a child. Yes.

MS. BROTHERS: Right. I'm just, I just want to cover everything.

MS. SANDERS: Yeah, they're technically in the

Kentucky Health population but they're not subject to community engagement. They're not subject to premiums. You know, they're just, they're basically they're in Kentucky Health but nothing is changing for them. Because they are a child. That applies to all children.

MR. CALLEBS: And is the definition of child eighteen and under or?

MS. SANDERS: It's under age nineteen --

MR. CALLEBS: Under age nineteen.

MS. SANDERS -- is my understanding. Is that your all's understanding?

MS. BROTHERS: I don't know. What if they're in school though until they're twenty-one?

MR. CALLEBS: That's what I'm getting at.

MS. BROTHERS: Because see, you know, they fall under that -- they're still in school.

MS. SANDERS: That would be something I'd have to take back I'm not sure. I'm not sure that we've discussed that. I mean, there's, you know, you're getting in the gray areas. If this, then that because if you're in school and you're nineteen and you're in full-time school attendance that meets the community engagement requirement. You're meeting because you're in school. So it just depends on

what you're talking about, what part of Kentucky Health. So some of those areas I don't want to answer off the top of my head.

MS. BROTHERS: Okay. Can we get a copy of that? Will that all be in the Minutes that you just read?

MS. CLARK: Yeah, you captured everything?

COURT REPORTER: Yes.

MS. CLARK: Okay. Thank you.

MS. BROTHERS: I'd just like to have a copy of it.

MR. CHRISTMAN: Okay. Thank you.

MS. CLARK: If for some reason this doesn't answer your questions and you would like Dr. Liu to come speak, I'll just need advanced notice --

MR. CHRISTMAN: I'm satisfied.

MS. BROTHERS: Everybody is satisfied. I just wanted to -- I will let them know. Thank you for answering the questions.

MR. CHRISTMAN: And Steve Shannon just came in the room. Okay. The next item Sherri you suggested two, that acronym Early Pre -- what's that stand for? Early Pre-screening?

MS. BROTHERS: Uh-huh. Early Periodic Screening, Diagnosis and Treatment.

MR. CHRISTMAN: Okay. Yeah, thank you.

MS. CLARK: I don't know that Cathy got to introduce herself. But this is Catherine Terry. She goes by Cathy.

MS. BROTHERS: Okay. I had a question on that. If the child qualifies through KTIP services and has a medical diagnosis, what's the process for obtaining the therapy services for children through that EPSDT?

MS. TERRY: We have two populations of KTIP children. One is KTIP2 and the other is KTIP 3. KTIP 3 is not eligible for EPSDT special services, but are you talking -- and I need to ask you a question, are you talking about physical therapy, occupational therapy, which therapy services are you talking about specifically. Those are State planned services and so they should not be going through EPSDT. My understanding is that as long as they're medically necessary they will continue through the state funding. So it should never go under.,,,

MR. CHRISTMAN: Does that answer your question, Sheila? Or do you have more questions?

MS. BROTHERS: I didn't hear the first part of what she said. It was hard for me to hear too so,...

MS. TERRY: About the two KTIP populations?
MS. BROTHERS: Yes.
MS. TERRY: There's a KTIP 2 and KTIP 3. KTIP3 just -- KTIP3 has never been eligible for EPSDT patient services, ever. They are being services probably covered by within the state. And if you have questions about state-planned-therapy services, Charles Douglas oversees the therapy services program in the division of policy and operations. And Jessica Jackson is a staff person who oversees that program.
MR. CHRISTMAN: Next item -- agenda item update on the Medicaid Final Rule. Last time we talked I guess the state was moving ahead with the original deadline, is that correct?
MS. CLARK: We are. We've still not heard anything from CMS on the previous submission of the packets. We're still waiting to hear from them on that. And we have received transition packets from all entities at this point. And we are hoping to have another stakeholder session soon. That's in the works to be scheduled.
MR. CHRISTMAN: I take it that the federal government is not going to be visiting all these sites that are considered in items because there are

too many of them in the United States. I mean, it is like --

MS. CLARK: I don't expect that to happen but,...

MR. CHRISTMAN: So -- so, would it be that the state, the state will then deter -- review --

MS. CLARK: That's why were doing the transition packets and we're having the stakeholder input --

MR. CHRISTMAN: Yeah, right.

MS. CLARK: -- then we're sending those to -- submitting those to CMS.

MR. CHRISTMAN: And what will you be asking in the -- I mean, so these questions --

MS. CLARK: They actually review the transition packet and do they meet, do they not meet and then we work, previously we have worked with providers who have submitted inadequate information.

MR. CHRISTMAN: So when you say a stakeholder meeting that means sitting down with each organization individually or --

MS. CLARK: No, we've invited people to come.

MR. CHRISTMAN: -- like in group meetings or --

MS. CLARK: It's one big group. And whenever -- we've done it two separate ways. We've had small

groups look through and groups have reviewed, you know, at least two groups have reviewed the same setting. And then we've also done it as one large group as well.

MR. CHRISTMAN: So like someone from the setting would be there to explain what's --

MS. CLARK: No.

MR. CHRISTMAN: -- how does that -- how does that work?

MS. CLARK: Lori has actually, she has sent out the invites and then do, you know, I know that she has sent those out to several -- several people and actually last time we had an issue with getting people to actually participate.

MR. CHRISTMAN: But they'll be looking at information about a setting, a particular setting like somebody's business? Somebody's business?

MS. CLARK: Uh-huh.

MR. CHRISTMAN: Okay. And then they'll determine whether or not --

MS. CLARK: They will go over whether they met or not and then what the transition plans are.

MR. CHRISTMAN: Okay. They will not be present but they'll have information about that setting or --

MS. CLARK: Nobody knows who the settings are so that information is not published.

MR. CHRISTMAN: Okay. So it will be a name, in other words just, not the name of the setting but --

MS. CLARK: ABC.

MR. CHRISTMAN: -- just characteristics of the setting?

MS. CLARK: Uh-huh.

MR. CHRISTMAN: Okay. All right. I got it.

MR. GRESHAM: It is redacted.

MR. CHRISTMAN: Okay. Okay.

MR. CALLEBS: Whoever reviews that information can come up with a recommendation?

MR. GRESHAM: Right.

MR. CALLEBS: And so is there another batch that you now have that is going to be subject to --

MS. CLARK: Yes, another stakeholder.

MR. CALLEBS: Another review?

MS. CLARK: Uh-huh. That's in the process of being scheduled.

MR. CALLEBS: One round was done and then sent in and no response yet from CMS?

MS. CLARK: Right. So we haven't submitted anymore yet because were still waiting on --

MR. CALLEBS: The first response?
MS. CLARK: Right.
MR. CHRISTMAN: How many were sent in, Alisha?
MS. CLARK: I have --
MR. GRESHAM: It a lot.
MS. CLARK: Yeah, it was a lot.
MR. CHRISTMAN: So you participated?
MR. GRESHAM: I did.
MR. CHRISTMAN: Okay. How many do we have altogether in the whole state? It's hundreds I would assume, right?
MS. CLARK: Don't quote me on this but I want to say it was like thirteen hundred or something, but I'm not exactly sure. I think there's still around two hundred or so that we have to get maybe.
MR. CHRISTMAN: So maybe you did a hundred the first round?
MS. CLARK: Well, we've had two stakeholder sessions. So, and then I don't recall how many because we haven't submitted the second batch yet.
MR. CHRISTMAN: Do you remember when yours -- how many went through?
MR. CALLEBS: There was a lot and there were just a bunch of people at -- in groups of twelve.
MR. CHRISTMAN: Oh, so it wasn't the whole

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group going over every one?

MR. CALLEBS: Right. You had assigned --

MS. CLARK: At the second one we did not. The first one, we did.

MR. CHRISTMAN: Okay.

MS. CLARK: We had the entire group and then --

MR. CALLEBS: The letter was sent out beforehand.

MR. GRESHAM: The second one was just an assigned stack for your table and you got through those through the course of the day.

MR. CHRISTMAN: How many people were at the table?

MR. CALLEBS: Six or seven.

MR. CHRISTMAN: Okay. Has the Navigant Stakeholder Report, is that -- I understand you have it or that the department has it, or has it been published yet?

MS. CLARK: It has not been published yet. We are still waiting on the final approval. And as soon as we receive final approval we will be sending that out.

MR. CHRISTMAN: Do you have it -- I guess there's no timeline on that or anticipated date when

that would happen?

MS. CLARK: I mean, out government, I can't --

MR. CHRISTMAN: That's okay. But it is, they're working on it?

MS. CLARK: It has moved up, yes absolutely.

MR. STEWART: Alisha, is that something that you'll send out to us, the stakeholder reports?

MS. CLARK: Yes, we can send it out to you, uh-huh.

MR. CALLEBS: And is it still the plan to do like a first public information on this will it just be a summary of the stakeholder input from the focus groups and not containing any recommendations?

MS. CLARK: Are you talking about this report?

MR. CALLEBS: Yes.

MS. CLARK: Yes, the report. Yes. It's a summary of everything they basically transcribed every single setting that they were in. And then it's kind of like how many times did we hear this and then they've arranged it. And all that information will be included.

MR. STEWART: Okay. So that's -- the information is collected it's just awaiting approval for this?

MS. CLARK: Awaiting approval. Yes.

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MR. CALLEBS: Okay. And is it still the intent to, as far as the overall timeline, to get this done and then a, you know, formal recommendations in the spring and then public input and then write the waiver and then implement the revisions by the end of the year? That was the last reporting time --

MS. CLARK: Obviously we're to submit it to CMS later on this summer, and again dates are subject to change depending on how things flow. But, you know, we would like as soon as it's approved by CMS, we would like to implement it, but are we planning on our town halls to be in May --

MR. CALLEBS: Okay.

MS. CLARK: -- and we're trying to schedule those, and again, dates are subject to change.

MR. CALLEBS: And would that be town hall meetings for input on the recommended redesign for that time will have been released or is it just town hall meetings based on a summary of previous input?

MS. CLARK: We'll be providing the recommendations.

MR. CALLEBS: Prior to the town hall so the town hall will be responsive to the Navigant recommended redesign?

MS. CLARK: We'll send out --
MR. GRESHAM: The goal is to send that out April 20th before we go on --
MR. CALLEBS: Yeah, okay. I just wanted to make sure the topic of --
MS. CLARK: Yeah, like we would get it to you and then go out.
MR. CALLEBS: Okay. And so the target is April 20th to release the recommendations?
MR. CHRISTMAN: Yes.
MR. CALLEBS: All right. Thank you.
MR. CHRISTMAN: But you're not going to be directly from Navigant, I mean, you guys are going to look at it first, right?
MS. CLARK: Yes.
MR. CALLEBS: All right.
MR. CHRISTMAN: Electronic Visit Verification and Communication. Do you have anything to report on that?
MS. CLARK: We're still just in our fact-finding phase with our systems division. And they should be giving us a report hopefully soon. Once that's done we will ask for stakeholder input.
MR. CALLEBS: Is this, do you know if there's a target for that? I just have a lot of members

concerned about that as am I just because it's a whole-system requirement and it's going to cost somebody a lot of money, I mean, you know, to implement a EVV system statewide in which every single personal care contact electronically, you know, kind of verified.

MS. CLARK: I mean, I know it's a hot topic --

MR. CALLEBS: Yeah.

MS. CLARK: -- and we're working on it so --

MR. CALLEBS: Okay.

MS. CLARK: -- hopefully soon we'll have something.

MR. CALLEBS: Okay.

MS. CLARK: I know the Lori is expecting it to be soon.

MR. CALLEBS: Okay. And then too that just concerning about the timeline because the requirement is January 1 of 2019 and already we're at mid march so we've got --

MS. CLARK: Yeah, as soon as we, you know, get the information we will be requesting stakeholder input.

MR. CHRISTMAN: Next item is Children's assessment for a Michelle P waiver. Being as this is a topic we've talked quite a bit about. Is there

anything, I know you guys have been working on it and have been --

MS. CLARK: I think we discussed it at our last meeting --

MR. CHRISTMAN: Yeah.

MS. CLARK: -- it's going to be in waiver redesign.

MR. CHRISTMAN: Oh, you think so? Okay.

MS. CLARK: That's one of the things we're looking at.

MR. CHRISTMAN: And that's something that they will come up with -- well, what if they don't address it? Are we supposed to try to come up with some assessment?

MS. CLARK: I mean, it's --

MR. CHRISTMAN: Yeah.

MS. CLARK: -- we're working on it during waiver redesign.

MR. CHRISTMAN: Okay. I think this next one, did you suggest Johnny? I mean, or maybe that was Wayne.

MR. CALLEBS: I mean, I've gotten emails about it. Just that it's an issue with getting PAs due to MWMA glitches or things not going well in that. And then having to try to work with, I think probably

you in particular. And I know your swamped with them, I think your the main one handling those issues or your office. Sort of about getting backdated because things didn't, you know --

MS. CLARK: So, anytime that there is an issue people are, I mean, I do have backdate requests every day. And sometimes they're not system issues.

MR. CALLEBS: Okay.

MS. CLARK: And if they're system issues they need to give me the ticket numbers. Actually I've been trying to send a lot of the, a lot of those emails to my staff to research because we are swamped with waiver redesign. But I think the thing is a timely response. So if somebody says that I'm not responded to them, I would like specifics on that.

MR. CALLEBS: Okay. And I don't have a lot of specifics. I was just -- and I don't know what would it be even considered a timely response. I don't know if they're talking about not hearing back or not getting it fixed. But I think the main issue was that, you know, extended periods of time were passing without approving PAs along with the bills, or something --

MS. CLARK: If things were requested appropriately and timely without a system issue.

MR. CALLEBS: Understood. So you're talking about a lot of them are just a case management error?

MS. CLARK: I've had a mix. But if somebody provides me with a ticket number and sometimes I get requests with no member information. We can't just go off the names. So it needs to, you know, the email should include member information, the issue, what has taken place with the ticket numbers and actually what the request is. Sometimes they don't really tell me what the request is so I have to send several back and forth emails what are you actually asking?

MR. CALLEBS: Okay.

MR. CHRISTMAN: Assuring Quality Case Management Services. We've talked about this briefly at our last meeting and Sherri were you having some -- getting comments from some of your members about --

MS. BROTHERS: Yes.

MR. CHRISTMAN: -- some frustrations?

MS. BROTHERS: Uh-huh. So we wanted them to be trained properly, have clinical expertise of

financial and regulatory -- know the regulations well and components of the health care system.

MR. CHRISTMAN: And I will just say as a provider, of course we don't provide case management services as I'll be telling you because I represent KAPP, but it's funny in terms of what case managers know about even the regulations. And I don't know if something can be done, I mean, it seems like there should be something more than just having the ability and whatever qualifications we have now that we can assure that they actually have a good working understanding, among other things, of the regulations.

MS. BROTHERS: So the HTID, they do quarterly webinars. I know there's training. You know, people can reach out to us but if you're providing services you should be doing it within the regulation and meeting the regulatory requirements. But I can tell you and assure you that quality among all services and I would think the next one is residential, case management residential, every service quality, we are looking at in waiver redesign.

MR. CHRISTMAN: Yeah.

MS. BROTHERS: Because that's very -- very

important to us.

MR. CHRISTMAN: Yeah, that is critical and I think just how they conduct their business to make sure people have an informed choice and have it's -- and understanding what services are available, what qualifies people. I mean, we really have to make sure that case managers if they're going to be case managers, they really have a good handle on that. It doesn't, I mean, there's good ones and there's some that don't so I'm glad that that's being addressed.

MS. BROTHERS: Absolutely.

MR. GRESHAM You know, I know that you all probably get tired of hearing that everything is working -- we're considering it in waiver redesign and we're really doing all of that in the way of verification or just managing it, but we do want to assure you that we are taking every request seriously. We are -- the case management is a known issue from the top down.

MR. CHRISTMAN: It is.

MR. GRESHAM: And we will be also looking at ways to improve that service both through quality but also in terms of case management.

MR. CHRISTMAN: We're all waiting on pins and

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needles.

MR. GRESHAM: And seriously we're spending Tuesday through Thursday locked in a room several of us working on this. So it is something that were actively working on.

MR. CHRISTMAN: While Navigant is also working on it or answering -- are you working with Navigant?

MR. GRESHAM: Navigant is involved. Yes, sir.

MR. CHRISTMAN: Okay. So it's co, yeah. How often are they here? Are they here like -- are they here every day?

MR. GRESHAM: Every week.

MR. CHRISTMAN: Every week for a day?

MR. GRESHAM: Sometimes, this week it is two days. Last week it was three days. The week before it was three days.

MR. CHRISTMAN: So it's pretty intense?

MR. GRESHAM: It is pretty intense.

MS. BROTHERS: I just think it's important when you're thinking about the case manager, they coordinate everybody together. And they're the ones if they make that mistake or they, they're the ones talking to the families, doing everything. So if they're not doing everything that qualifies -- if they're not qualified, if they don't know all the

regulations, the family members or the people working with that individual, they're not being guided correctly.

MR. CALLEBS: Right.

MS. CLARK: And that's one thing we have heard which we sent out the clarification about everybody signing the plan of care implementing services, because quite frankly we were told that -- well, I didn't even know about their plan of care, what their goals and objectives were. You know, that's why we -- and the regulation had already stated it that everybody had to be involved. But we're ensuring by signatures so that we don't, you know, so that there is communication.

MR. CHRISTMAN: Well, I'm glad that's being addressed. And the other thing that Sherri were you saying -- not to paraphrase but sometimes it's hard on the residential service, it's hard for people to make informed choices because they don't know much about the residential providers? Is that --

MS. BROTHERS: Yes. It's that too. But it's also, I think, for the residential care, I think also it is the safety part of that too I am concerned about to, you know, I did hear about that. I've heard about some of that, you know, I've wanted

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to hear about the, you know, I had told you before, I think at our last meeting. So that was my -- I think we talked about it before was the I was concerned about the safety measure in place for that residential care, the checklist or whatever from the first time?

MR. CHRISTMAN: When we talked the last time, I know Sherri you can't share incident reports but maybe the numbers of incident reports of a particular setting that would be helpful although I could see problems with that too. Well, yeah that probably would be one indicator that would help people, right?

MS. BROTHERS: Well, I think when you, when you are trying to --

MR. CHRISTMAN: Yeah, those probably aren't consistent as to what constitutes an incident report.

MS. BROTHERS: -- when you're trying to make that choice I mean it --

MR. CALLEBS: Yeah, that's tricky because you could have providers who have follow the regulation on the reporting and their numbers are up and then people who's swept everything under the rug show --

MR. CHRISTMAN: Yeah, that's what I'm saying.

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MR. CALLEBS: -- you know, less than half of the incidents report of this other company but the risk is twice as high just because they don't report but,...

MS. BROTHERS: Well, I think they would come up with some kind of way to say, Can we come up with some way that we need to remedy that and for them to --

MR. CHRISTMAN: Make an informed choice?

MS. BROTHERS: -- make an informed choice.

MR. CHRISTMAN: Did you want to talk about this next one also, Sherri residential one?

MS. BROTHERS: Yeah, I do. I've received a lot of calls at the ARC about not having enough -- I get a lot of calls from parents like from thirteen year olds or fourteen, fifteen year olds and they don't have a place to go for behavior issues in the state of Kentucky, they're all over the state.

And where an individual may be suicidal or and there's no place to take them except for Louisville. And they're all across the state and they can't get there, the comp cares are underfunded. And we don't have enough residential -- there's not enough places in Kentucky. And I think we need to address that problem. Is that something that's being addressed

as far as behavior?

MS. CLARK: So what I would like to ask for you to do, I would like for you to submit your recommendations or your concerns through the waiver re-design mailbox, so that we can at last ensure that we do capture them.

MR. CHRISTMAN: Do you think it requires like a new type of service that we don't have now Sherri, like something --

MS. BROTHERS: I do. I think we need --

MR. CHRISTMAN: -- like something between the residential we have now and ICF-MR something in between or, yeah?

MS. BROTHERS: Well, I do because I think and sometimes they're keeping these individuals maybe two weeks and then they're getting back out. And I think we're seeing the results of that all over the United States, the tragedy of that. I don't think you're servicing these individuals well. That's what I -- that's my opinion. I think that something needs to be done.

MR. CALLEBS: And Sherri are you talking about children and adults and people who are on -- in one of the waivers or are not people in general, you know, we just don't really have options for the --

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MS. BROTHERS: Right.

MR. CALLEBS: -- behavioral services.

MS. BROTHERS: It is not enough, that's my opinion. And, you know, they're calling me. I mean, had an individual call me yesterday and she was thirteen years old and she called me and she said, Can you help me? And, I mean, you know, she's calling me herself. And I'm just like it's heartbreaking to talk to these people. You know, they don't have any options and they don't know where to go and they don't know who to call. It's really, you just wouldn't believe how many people need help.

MR. CALLEBS: Steve, are you all seeing a lot of that in the healthcare system?

MR. SHANNON: I mean, it's a conversation that's across many different groups. What do you do with the adolescent population? There's a psychiatric restitution center one and two, where they utilize that and there's a lot of adolescents with IDD who are at Our Lady of Peace. They go, and they stay and, you know, it's home. I have heard of some kids 580 days before they go back home. So it's a conversation that's taken place between many different venues. It's just hard to get the

residential service available and move forward. We're seeing there's not a residential option really for adults, who are currently mentally ill. It just is unavailable with no other option. Either, or simply there are not many places to go. Several years ago DJJ moved a lot of kids out which was a good thing. But in any event they were available well now, you know, there's not a lot of DJJs left. So it's a conversation that's gone on over three or four times in the last twenty years.

MR. CHRISTMAN: How would you design it if it was up to you? I mean, would it be a residential setting or would it be --

MR. SHANNON: I think that some folks need a residential center. And I think there's a lot of these left who are on Michelle P services who can do it at home. You know, we can do things like that make those available. I've heard a lot of them whose favors a better option or a state general fund --

MR. CHRISTMAN: Sure.

MR. SHANNON: -- what those services look like I think there's a lot of school based services that can be enhanced. But I think there's a residential need for some kids. And they need to go and stay

for a while. I think a two week minimum stay is probably managed care is an option. I don't think go and stay until you are ready to come home go and stay for observations.

MR. STEWART: It's the most expensive waiver without the services.

MR. SHANNON: Yeah, yeah. Exactly. So you've gotta figure out who needs that, who gets that and then get a plan for everybody else. And you've gotta use STL and Michelle P --

MR. CHRISTMAN: Yeah, I don't know if there's any answers to this, you know, really the perfect answer, I know through the disincentive in the waiver program to take people who are challenging.

MR. SHANNON: Sure.

MR. CHRISTMAN: I mean, big time. I mean, because --

MR. CALLEBS: Because in this issue there are no options.

MR. CHRISTMAN: Because the issue is that you can't -- they're there, they're yours. And so why take -- so there's no -- there's a great disincentive to take people who are challenging.

MR. STEVENSON: Part of the -- part of the issue, Chris Stevenson here, part of the issue is

that Cedar Lake has been working with, talking to, long term care pediatric convalescent centers. And have been having ongoing dialogue about this gap between kids who are, you know, becoming twenty-two years old and then they're out of the pediatric ICF and they have no place to go.

They can go to Hazelwood which is really not appropriate placement or they can go in to a nursing home. Which the statistics that I was getting from one Louisville agency is that three or four out of ten were passing away within twenty-four months because of the lack of adequate care. So, the biggest thing --

MR. SHANNON: And who wants to be a nursing home at age twenty-four.

MR. STEVENSON: Exactly. Exactly. I mean, communally it doesn't make sense if there is a 1:15 ratio versus the 1:4 or 1:5 that it was previous, now that's high intensity medical that we're talking, but and I don't know if waiver redesign is talking about this around the nation it's about trying to individualize the funding per person based on their unique needs. And now that's highly intensive. And I can't imagine how you would go about doing that unless you visit other states and

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say how do you do this?

But other states are doing that. And they've got the funding that follows that persons need. Instead of having the $170 per person across the board or in the ICF for Cedar Lake, you know, we have 87 beds and it's anywhere between $450 to almost $500 a day and then you've got the public ICFs that are anywhere between $700 to $1200, some more than that at $1600.

But, so we need to know our true costs. And I think if managed care comes in and starts managing our business that's a big concern because no one knows how to adequately assess the value or how to, you know, managed care is about getting someone healthy and getting them off of the rolls. Well people with IDD, they have IDD and they were born with it.

So how do you address that? And I think we have to understand that it is -- to have this one standard rate for everyone, you've got to know the true costs. And I can tell you right now in our intermediate care facility in La Grange, Cedar Lake Lodge, where we've got 71 people there or 63 people there receiving supports and they all get the identical rate. But I'll tell you right now not all

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of them receive the same. Some get one on -- some get four on one care, another person may be not as much.

One single issue. So, I mean, we've got to know our costs. Just take that example across the state and we've got to look at unique ways to get the funding to the people who need it that are in this gap. Just like I was talking with a pediatric convalescent care, they're in this gap between waiver and ICF. There's a gap.

MR. CHRISTMAN: That's what I was saying, yeah there's a gap.

MR. SHANNON: I mean, how do we know all those people? We know exactly who they are. There's no surprise. And this population is probably kids who are severely underserved maybe IDD as well but have other -- really more a lot of behavioral issues. Because again our system is designed around the mean, not the extreme. We've got to figure out how we can meet the extremes of those that don't fit.

MR. CHRISTMAN: Well, like I say maybe if there was an intermediate option we would be willing to take more risks and serve people who are worse, does that make sense?

MR. SHANNON: Yeah.

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MR. CHRISTMAN: If we knew that --

MR. STEVENSON: Well, and I'll give you just --

MR. CHRISTMAN: -- because if we can't meet their needs.

MR. STEVENSON: -- a creative -- let me give you an other example. A creative solution that -- that Cedar Lake came up with is that we have two homes in a community in La Grange that are intermediate care facilities but they look like regular homes in the community. But we worked with the state and we worked with the cabinet to -- to be able to redesign the home because of all the physical characteristics had to meet ICF guidelines that were meant for sixty plus people.

So we had to tweak it down. And now you've got four people living in a home and then a mile down, you know, a half of a mile down the road there's another one and they're interacting with their community. And it's roughly a little more expensive than the large congregate setting. But they are integrated in the community. And we've got a nurse full-time. And we've got a DSP full-time. And you've got DSP therapies that come and go. That's a great model. It's something we created. It doesn't

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exist. If you want to say that Bingham Gardens is an example that's not really true because they're on the property of Hazelwood or on the property of an ICF.

In this case we're in a regular neighborhood. We bought the property. We were fortunate enough to get the zoning board to approve it. We met with the neighbors. They spoke against us. And then at the end they shook our hands and said Well, you know, it sounds like you guys got approved, welcome to the neighborhood. And they've been very friendly to us, but those are examples that providers have got to do different.

And the only way we can do that is there's about five hundred certificate of need ICF beds that are in inventory that are not funded. They're all approved but they're just stacked in inventory. And I think at some point we need to consider looking at that and determining how to take those certificate of need beds that come with that robust funding stream and have an appropriate rate set to that.

You know, the state health plan has got to be, we've got to look at unique ways to do things. The state health plan is a way to do that. And just take a look at between that nursing home, you know,

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Home of the Innocents is basically a nursing home for kids. And they have their own special designation in the state health plan. It's a nursing home for children. They're their own unique entity.

I think we've got to be creative in how we come up with and come up with new solutions in the state health plan that do not exist right now. It's going to take a lot of creativity, a lot of risks and a way for the state to say, you know what, maybe we need to shut down some of our public ICFs. Maybe we need to look at taking that money and selling that property and look at investing in something entirely new. And it's a whole new adventure and we can co-create this.

MR. CALLEBS: And to name one of the ICFs that you referenced are still less than the cost of the state ICVs?

MR. STEVENSON: Yes, it's roughly $500 a day for four people living in a community.

MR. CALLEBS: That's far less.

MR. CHRISTMAN: As opposed $1700.00.

MR. STEVENSON: It's a much -- much better situation. I mean, they're in their, I mean, these are medically -- medically fragile people that are

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in wheelchairs going out in the neighborhood and they're joining in the potlucks in people's home and it's really refreshing. It's something unique. Otherwise they would have never left the ICF, ever, ever left because that level of care you can't get it in an ICF home.

MR. GRESHAM: What does that mean?

MR. STEVENSON: At the waiver? I mean, the wavier, Michelle P, of course, that's nonexistent, they need residential supports. They need high intensity just like Steve was saying, the procedural piece is another critical component of this. If there's -- if I had the magic wand for the day and just say the current system as it is instead of this one rate for everybody, we really need to look at the cost per person and start assigning the appropriate costs.

And one of the biggest issues that we have clearly is the -- that we're just letting go forever and I hope and pray that we are truly addressing it in the waiver redesign, is the children's assessment this has gone on for five, six, seven years now. And everybody is just kind of twiddling their thumbs. Well, we'll figure it out. Well, what we did just didn't work, well. And some that people

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that were willing to do, they got scared and they thought they were going to be disqualified so we really didn't have a group to work with. And we're all just kind of numb to it now. It's like --

MR. CHRISTMAN: Well, hopefully they will.

MR. STEVENSON: I hope so.

MR. CHRISTMAN: That was well said now, but some of these things you're talking about go beyond the scope of Navigant, right? Like when you're talking about ICF and homeowner?

MR. STEVENSON: That may be -- be on the scope of waiver. Yeah, this is way beyond the scope.

MR. CHRISTMAN: Yeah, that's right. It's beyond the scope of waiver.

MR. STEVENSON: Yeah, this is me on my soapbox.

MR. CHRISTMAN: Right.

MR. SHANNON: I think the important thing that is a waiver message --

MR. CHRISTMAN: Yeah?

MR. SHANNON: -- is different rates based upon individual need and we've got to figure out what that is. So I've used the example for years: We're all familiar with McDonalds, right? A Big Mac costs more than a hamburger. The Big Mac is where the

support is. That's really what it is. You know, it's called pricing. And that's really, you know, so go back and figure out what that is. And then you have an opportunity to support someone who has regular support needs in the community and not have to do this mix where I've got 30 people and I can do one person that is complicated or four that aren't.

Well, that's not good. Let's figure out a way to have a conversation about the people who have greater needs and it may be 5 percent or 10 percent more that really can't --

MR. GRESHAM: And in respect we understand that the waiver is not addressing that --

MR. SHANNON: That's just a whole other universe and I think we are all hearing --

MR. GRESHAM: But that's something we should consider bringing up to MAC.

MR. CHRISTMAN: Right. That's MAC Business. That's right. But some of these things we have talked about do recog -- and are germane to the waiver. And you said there is a way we can get that to Navigant as an issue to consider? What's that process you mentioned?

MS. CLARK: It's through the public comment mailbox.

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MR. CHRISTMAN: Yeah, are you familiar with that?

MS. BROTHERS: Yes.

MR. CHRISTMAN: Okay. So we can --

MR. CALLEBS: And what we have to acknowledge as a state is that some people do require more base funding. It's not just going to be six months of exceptional support, it's just based on their need that's been in place for twenty, thirty, forty years. They require more to support than other people so they have to have a base funding rate that is substantially higher and ongoing, and not subject to, you know, denial.

MR. SHANNON: And as people age they may cost more money too.

MR. CALLEBS: Yes.

MR. SHANNON: Everybody else?

MR. CALLEBS: Yes. Right now our system doesn't recognize that and it's kind of one size fits all and it doesn't work.

MR. SHANNON: I do know that there was a couple of house representatives and a couple members of the senate and some providers that were forming a group to begin talking about the gaps and I don't know where that is. I'll need to get with Addia

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Wuchner was one of the ones on that group.

I'll check with her to find out where that group is. But that group may be in the works already and I certainly don't want to, as we've done from time to time, kept this isolated group that's talking and coming up with solutions, this group is talking about it. It's like, well let's hold on and make we are like --

MR. SHANNON: The budget language was talking about ICFs.

MR. STEVENSON: Yes.

MR. CHRISTMAN: To the ICFs?

MR. SHANNON: Use some of that dollar spending in the community as well.

MR. CHRISTMAN: So there's a plan to shrink the size of the ICFs?

MR. SHANNON: In the budget language there's directions to the cabinet to do that. So whether that's, you know, that's the budget language that's about ten or twelve lines it was publicly funded ICF or if it was funded with ICF available in the community --

MR. STEVENSON: Yes.

MR. CHRISTMAN: But maybe we need that intermediate -- that maybe they're not,...

MR. SHANNON: I had one person --
MR. CHRISTMAN: There'd have to be something --
MR. STEVENSON: Well, I and I don't know how -- that might be a fantasy to try to decrease the funding because you've got --
MR. CHRISTMAN: A lot would have to come out before you could decrease the funding.
MR. STEVENSON: Right. Right. Well, you gotta come up with a scale --
MR. CHRISTMAN: Of course, yeah. Right.
MR. SHANNON: Remove one staff or one person --
MR. CHRISTMAN: You'd almost have to commit to closing it down, right?
MR. STEVENSON: We'd have to get rid of the property and --
MR. CHRISTMAN: Yeah.
MR. STEVENSON: -- and the whole dynamics of it. But we found personally, I mean, this is personal experience at Cedar Lake. It's like Oh, yeah, well our cost will come down. Actually the cost will go up because you have less people to spread out the cost among the campus. And that there are --

MR. SHANNON: It is constantly going up.
MR. CHRISTMAN: Yeah, well, we don't have a quorum but maybe when we make our report to the MAC it would be safe to say that we are recommend, we really think there needs to be some kind of intermediate level of care between ICF --
MR. CALLEBS: We discussed that.
MR. CHRISTMAN: -- and waiver because that's what it boils down to, right? Sort of?
MR. STEVENSON: I think so. Yes.
MR. CHRISTMAN: Sherri? Yes or no, something in between? What do you think?
MS. BROTHERS: I'm just listening right now.
MR. CHRISTMAN: Okay. All right.
MR. SHANNON: MAC cautions you to use language between waiver and ICF. Because I think the conversation would be in this strength in the waiver to accomplish that conversation.
MS. BROTHERS: Right.
MR. SHANNON: Right? Because for us to say away from waiver --
MR. CHRISTMAN: Say that -- I'm sorry. I'm sorry I missed that.
MR. SHANNON: As opposed to there's a risk to the gap in service but don't say a gap between

waiver and ICF. So really the answer I think is to strengthen the waiver to close that gap as opposed to just saying there's a problem.

MR. CHRISTMAN: Oh, you think it can be, that the waiver can be adjusted for the --

MR. SHANNON: Yeah, or maybe a possibility around ICF so you move the two together that way --

MR. CHRISTMAN: Right.

MR. SHANNON: -- as opposed to saying we need a third thing dropped in this space, can we change the two existing things to --

MR. STEVENSON: So what -- so what we're hearing around the nation is people say Well, we closed our ICFs, ICF beds are no more. And to us that sounds like, Oh my gosh how do you that? Well, what they've done is they've restructured the waiver system to where it's extremely robust for those with high intensity medical high intensity behavior.

It's just they've taken those dollars and reallocated them so with us the way we think is there's one price for waiver and how could you do it. Well, the fact is that they become new waiver clients with new enhanced, very enhanced, robust, so, correct Steve I would agree with that it is a total new waiver redesigning 10.0.

MR. CHRISTMAN: Could they possibly go beyond what Navigant is working on?

MR. STEVENSON: It goes beyond what's going on with --

MR. CHRISTMAN: What Navigant is working on so,...

MR. STEVENSON: You're talking about incorporating ICFs, okay?

MR. CHRISTMAN: Okay. So our charge of well, some of our -- we have a quorum now so does someone want to put that in a motion and in our charge of having recommended this?

MR. STEVENSON: Well, I -- if I could throw a motion on the table the motion would be that we, a member of this committee, go to the MAC to report that we believe that a -- that it be considered or a focus group be created to entertain the discussion of a new, enhanced waiver that would include the ICFs. And the current waiver of participants where the waiver is now robust and is individualized funding.

And again, I -- we can do some research and if the group were formed, that would certainly give us the opportunity to do our homework to do some research around the nation. So outside of just

saying, you know, a future consideration to have a focus group to talk about the funding -- the funding issues that we have and the gap issues of services.

MR. CHRISTMAN: Well, the number of people that would fall into that gap right now are measured in the dozens or in the hundreds or what would you guess?

MR. STEVENSON: Easily hundreds. We can keep talking while I write down the actual motion.

MR. CHRISTMAN: Okay. How does this sound to you, Sherri? Again, we're acknowledging there's a gap, right?

MS. BROTHERS: Right.

MR. CHRISTMAN: You know, and I think just to -- I mean, it may go beyond what Navigant's working on.

MR. STEVENSON: Yeah, this is -- this goes on beyond what's going on right now.

COURT REPORTER: Your name, sir?

MR. HARVEY: Ron Harvey. It's all right. It's been a long morning.

MR. CHRISTMAN: The traffic, delivering the waivers --

MR. GRESHAM: Again, but you keep saying this is beyond Navigant but really is it if we're

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redesigning our waiver system and we are --

MR. STEVENSON: Yeah, it may not be.

MR. GRESHAM: You know, we're talking about creating a more robust funding stream for people --

MR. STEVENSON: Earl, how would we even begin? I know you guys have got intense meetings going on. You've got an April date. You've got, they're heavily involved. How do we begin to usurp our -- this thought into their or has that train left the station and you need a new track and train?

MR. GRESHAM: Well, interestingly enough we've talked about it in waiver redesign.

MR. CHRISTMAN: Have you? Good.

MR. STEVENSON: And? (group laugh)

MR. GRESHAM: But naturally there's a funding issue. Everybody knows that. We're broke. We don't have enough money to -- well, we have enough money to fund exactly what we have going on. Still in July we'll be doing a rate study, first time since I've been with Medicaid that waivers or Medicaid rate study where a contractor comes in and does the rates we often figure ourselves.

So, as part Ron, as part of the town halls when we go around we're going to be explaining to providers, and by that, I mean, by then we'll have

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the sheet that Navigant is supposed to print out.

MR. HARVEY: Okay.

MR. GRESHAM: We're going to let all the providers know. And when we go through the town hall, I said April, but when we do the town hall, what we will be looking for starting in July. And it gives providers an opportunity to start pulling that information so that it doesn't hit them quite so hard when the paperwork is sent out.

MR. CALLEBS: Okay. In July.

MR. GRESHAM: Yes.

MR. STEVENSON: So when you say a rates study, is that a matter of trying to understand true cost per person or is this -- okay.

MR. GRESHAM: Yeah.

MR. STEVENSON: So we're just trying to understand each persons unique --

MR. CALLEBS: Okay. And is it a rate study of waiver services -- waiver providers?

MR. GRESHAM: Waiver services.

MR. STEVENSON: Now is it possible and maybe we do this with the MAC, you know, to make a formal recommendation, that we consider the true cost of ICF individuals as well. Because you do have that one rate. And if -- and if -- if the rate study is

being done to consider individualized funding, which I don't know if that's what they're talking about or not. Are they? Maybe.

MR. SHANNON: Well I know --

MR. STEVENSON: Maybe. I'll take it.

MR. SHANNON: with the Navigant focus group I went to -- went I went through the group that was one thing Navigant did discuss was, because the idea was entertained regarding, how within Michelle P for instance, how the cost of one person can be drastically different from another.

In life everybody is not within the same budget but a person may need several thousand dollars in resources. So it seemed as though they were certainly placing that in to a --

MR. STEVENSON: Possibility?

MR. SHANNON: Right.

MR. STEVENSON: I would strongly suggest and if we need to make a formal recommendation we can, that ICFs public and private should cost for individual be considered in this thing. So is that something that we bring to you or we go ahead and make a recommendation?

MR. GRESHAM: You can do whichever one you'd like.

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MR. STEVENSON: I'd like to make a recommendation -- since we know, and I appreciate you telling us that July is the rate study, that gives us at least a target and gives us some -- some thought ahead of time to include, you know, we're going to do this. And what we're suggesting Steve, we've got to include all ICF services into this, the global cost, not just keep our ICFs kind of segregated and over go the side. But when there's a little bit of vulnerability here as a private provider for ICFs. But I know confidently that we're well below half of the cost. So you know, if they say well cut your costs in half by liquid.

MR. CHRISTMAN: Earl, didn't you say this rate study is a part from Navigant or is it through the Navigant? Of is it --

MR. GRESHAM: Navigant will --

MR. CHRISTMAN: Okay. As a new charge or within the charges they already have? Or as a new?

MR. GRESHAM: It will show up in the modified contracts.

MR. CHRISTMAN: Okay. So it's something we've added to that. And it will be on the same timeline as the overall Navigant. We don't know?

MR. GRESHAM: The contract will be modified so

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that it reads as is --

MR. CHRISTMAN: So we'll get the whole thing. Well, okay. Well, so it seems to me though the motion needs to also reflect that we've identified a gap between the waiver and ICF-MR.

MR. STEVENSON: Yes. So I'm including that in part of the paper. So basically we can say to address the gap in services for IDD members, or IDD individuals in Kentucky, IDD TAC would like Navigant as a part of their July rate study to include all IDD services including Michelle P, all waiver services, and ICF public and private, basically to be included in this.

MR. HARVEY: When we have to capture all the organizational costs for waiver providers also, you know, you do an exceptional rate request right now all they're interested in is what a person makes as an hourly wage and so forth. And then you use the 30 percent of benefits when your cost is more than that.

MR. STEVENSON: Yeah. So, I mean,...

MR. HARVEY: So, it has to include all the organizational costs, you know, legal fees to an organization for instance, now you know, overtime costs -- cost of staffing shortages, training costs,

you know, all those things have to be captured or else you're not getting a true number.

MR. CHRISTMAN: Well, I like what Steve said though, I mean, really we're talking about we've written and identified a gap and need for people falling between the ICF and waiver as it currently exists. And that we'd want to come up with a system that modifies both the ICF-MR and the waiver program so that we can close that gap. Right?

MR. SHANNON: And then the cost studies are separate too.

MR. CHRISTMAN: Yeah.

MR. SHANNON: Yeah, if you want to do it that way. I mean, I agree with you Wayne that there's all sorts of costs they could take. If you're going to say it you better make sure all costs are covered.

MR. HARVEY: Yeah, and that's all I'm saying is just be fair about it. Well, you can't tell us that certain things don't cost or don't count when they're costing us. I mean, we're having to pay for it. So how does it not count? That's all we're saying. I mean, we get told that over and over whenever we submit an exceptional rate request.

Well, you can't count this and you can't count

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that and you can't -- well, we're paying it. I mean, it's coming out of revenue so it's coming to us for the services being rendered to that person. Why are we not counting it? Well, that's, you know, I think that's the biggest thing that we would have around any kind of rate study is to make sure that anything that is being spent is being captured.

MR. STEVENSON: So basically it's to address the gap in services for IDD individuals in Kentucky the IDD/TAC would like Navigant, as part of their rate study in July to include all waiver and ICF true costs, and I'll figure out that language, and for -- for providers to be at the table during the -- during this, to be a part of this preplanning for this rate study. So we can include all of the things that you're talking about. So, I don't know if that's the IDD/TAC would like to be invited in to that as a part of establishing some essential criteria. Do you think that could be part of it?

MR. CHRISTMAN: Well, we started this conversation talking about the gap you've identified so I think that may be the ultimate goal of closing the gap between what ICF is offering and what --

MR. STEVENSON: So we can do it one of two ways --

MR. CHRISTMAN: -- the waiver can provide.

MR. STEVENSON: -- we can go to the MAC and suggest a focus group to discuss the gap and funding and some alternatives or we can target this rate study as a means to open the door to and make a waiver if you will.

Maybe it starts with just a focus group to discuss and then we can actually lean into that because I don't know, Navigant may say, Well guys we're, it's July and we've already done our, you know, we've already got our ways of determining and ascertaining how we're going to do this. So, Sherri, Rick, what do you all think?

MS. BROTHERS: I'm going to be honest with you all. I like the gap idea but maybe that provider stuff --

MR. STEVENSON: Say what now?

MR. CHRISTMAN: Why don't we just make a simple --

MS. BROTHERS: You've gotten into too much provider stuff for me. So, I liked it when you had it for the gap but I think that's too much stuff for me.

MR. CHRISTMAN: Why don't we just have a simple motion that we recognize there's a gap

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between ICF global care and what's specifically provided for the waiver. And that we need Navigant to consider how to close that gap by modifying both services --

MS. BROTHERS: Right.

MR. CHRISTMAN: -- and how they do that. Does that sound all right?

MS. BROTHERS: That sounds all right to me.

MR. STEVENSON: That's good. I was trying to grab the -- I saw a brass ring over here and I was trying to grab it.

MR. CHRISTMAN: We have --

MR. SHANNON: The rate study starts in July, right?

MR. GRESHAM: That's correct.

MR. SHANNON: So we're all going to be at IDD TAC meetings --

MR. CHRISTMAN: Yeah.

MR. SHANNON: -- you know, where that topic can be revisited.

MR. CHRISTMAN: That's right. We're not going to settle that here. Just to recog -- and I think what is different about this is we're asking Navigant also to consider how -- how to close that gap that we recognized. It's very intense services

of ICF-MR. And the people that really are not really appropriate pricing aren't -- really can't be kind of concerned by the waiver as to it exists, right?

MR. STEVENSON: So just to make sure I've got this correct. What are we asking the MAC to consider because I know I heard gap --

MR. CHRISTMAN: I think we're asking them to --

MR. STEVENSON: -- gap and services between waiver and ICF.

MR. CHRISTMAN: Right. And hopefully that the department will consider --

MR. CALLEBS: Narrowing that gap?

MR. CHRISTMAN: -- closing that gap and using Navigant to the extent. We'll figure that out. I think --

MR. STEVENSON: The reason why I say this is because my understanding Earl, is that we can't formalize motions using email, we have to do that in a meeting. Alisha is that correct?

MS. CLARK: That's correct.

MR. GRESHAM: We'll have to find out. I hadn't --

MR. STEVENSON: I just want to make sure we

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have the language so we're all in agreement.

MS. CLARK: Well, normally you all do it while we're here together.

MR. CHRISTMAN: Right.

MR. GRESHAM: Oh, you mean, as far as the motion to vote on it --

MR. STEVENSON: Sorry, I misunderstood. Yeah, sorry.

MR. CHRISTMAN: Well, let's just make it towards the department where we're asking the Department for Medicaid Services to consider the development of services that will close the gap between ICF-MR services and waiver services by modifying both.

MR. SHANNON: Conversationally does that go to MAC?

MR. CHRISTMAN: Yeah. Obviously we can have a run up to this and explain where we, you know, but that's -- we have our motion?

MR. SHANNON: Okay. The Department of Medicaid Services to consider the domino services that will close the gap between ICF/IDD waiver services by modifying both to meet the unmet needs.

MR. CHRISTMAN: Yes.

MR. SHANNON: I guess that's the motion. I'll

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make it.

MS. BROTHERS: I'll second.

MR. CHRISTMAN: Sure. No longer under discussion? All in favor?

GROUP: Aye.

MR. CHRISTMAN: Okay.

MR. STEVENSON: Well, when's the MAC meeting?

MR. CHRISTMAN: Okay. We've got a couple more informational things to go through.

MR. STEVENSON: Well, I was just asking when the MAC meeting is.

MR. CHRISTMAN: Oh, the MAC meeting? The next one? It's next week, right?

MS. CLARK: March 23rd? No, I'm not sure.

MR. GRESHAM: 22nd, 10:00 a.m.

MR. SHANNON: The last time it was moved to the morning.

MR. STEVENSON: Yeah, it's room 173.

MR. CHRISTMAN: Capital Annex?

MR. GRESHAM: March 22, 10:00 a .m., room 171.

MR. CHRISTMAN: That's where I showed up last time, you know I was on time, but nobody was there. I think she didn't have my email or something.

MR. STEVENSON: I'll plan on going.

MR. CHRISTMAN: Okay. Great. A few more

informational items. SCL waiting list.

MS. BROTHERS: What I wanted to say -- I wanted to say something but go ahead. I'll say something afterwards.

MR. CHRISTMAN: You want to say something?

MS. BROTHERS: No, just go ahead --

MR. CHRISTMAN: Okay.

MS. BROTHERS: -- I want to hear this first.

MS. SHADD: There are currently 220, 2269 folks on future planning status on the waiting list. 126 on Urgent category and 20 on the Emergency category list.

MR. STEWART: I'm sorry Crystal, how many urgent?

MS. SHADD: 126.

MR. STEWART: Thank you. How many emergency?

MS. SHADD: 20.

MR. STEWART: Thank you. And currently there's no, there are no more positions available?

MR. CHRISTMAN: Are there slots authorized but they're not funded? Is that, was that the feel on the last planning of the budget if I understood that to be? How many are authorized but not funded?

MS. GRESHAM: I don't have any --

MR. CHRISTMAN: Some number?

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MR. GRESHAM: -- there is a number but I don't know.

MR. CHRISTMAN: Yeah, over a hundred maybe or --

MR. GRESHAM: I'm --

MR. STEWART: What's the waiver year?

MR. GRESHAM: The waiver year is March 1st through February 20 or April.

MR. STEWART: And Earl, last year I think there were 120/140 slots there were within the budget that were not used slots for SCL or something like that?

MR. GRESHAM: You know, I'm not --

MR. CHRISTMAN: That's probably what we're talking about but they were not used because they were authorized but not funded.

MR. STEWART: Not funded? Gotcha.

MR. CHRISTMAN: I think that's correct.

MR. STEWART: So do we know, will there be, will those slots be funded any time soon?

MR. GRESHAM: Not to my knowledge. But I don't know. I don't have that decision making ability. There will be some that will be reallocated due to the waiver year ending for quarter 28. We're making sure those numbers are

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correct before we --

MR. STEWART: Gotcha. Do you know will, again ballpark, will there be enough to take care of emergency slots?

MR. GRESHAM: Yes.

MR. STEWART: Will there be enough to take care of some of the urgent slots?

MR. GRESHAM: Yes.

MR. STEWART: All of the urgent slots?

MR. GRESHAM: No.

MR. SHANNON: And that's the current emergency slots. That can grow throughout the year, is that correct?

MR. GRESHAM: That's correct.

MR. CALLEBS: Well, it always does. The urgent slots wont be allocated until the emergent.

MR. STEWART: Emergent. And then how, if one is on the urgent list, I guess would those individuals need to -- what is the method so that they know there are, that there is funding or is it just among those individuals for the conditions to change and to resubmit a new package or,...

MR. GRESHAM: When their situation changes to make them more likely emergent, then they will need to submit that information to me.

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MR. CALLEBS: Okay. So they would just submit it through the electronic system?

MR. GRESHAM: Do you know is it submitted through MWMA or is it done another way?

MS. CLARK: If they are not on any waiting list they have to go through MWMA, but there is a system in place and Crystal could probably speak to it a little better than I can, but there is a form that they can fill out. And do they contact you and upload that and let you know?

MS. SHADD: Yes. If they are already on the waiting list just on future claim or urgent status, there is an emergency form. It is located on the SDL waiver web-page for our department. And on that page it gives the instructions for where you will upload that which is the document section.

That individual has the MWMA and then you will contact the assigned person which at this time is me and let them know that that information has been uploaded. And then we'll review that change in status.

MR. CALLEBS: And Crystal, you said your last name is S-H-A-D-D?

MS. SHADD: That is correct.

MR. CALLEBS: So Crystal.Shadd@va.gov?

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MS. SHADD: At KY.gov.
MR. CALLEBS: Or KY.gov.
MS. SHADD: And all of that is on the form as well.
MR. CALLEBS: Okay. Thank you.
MR. HARVEY: Is the form on a certain math number?
MS. SHADD: It is. It's just the emergency person.
MR. CALLEBS: And just -- just so we're clear going forward, historically, my experience has been about twenty emergency requests, around twenty allocations qualify or at least apply so are there enough vacant slots to be reallocated that will cover the remainder of the waiver year? So at twenty a month we're talking about 200 for the remainder until next February or is there not that many?
MR. GRESHAM: It seems like twenty a month is a little high.
MR. CALLEBS: Okay.
MR. GRESHAM: It just depends on what we receive.
MR. CALLEBS: Hard to say?
MR. GRESHAM: Can't predict how many there

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will be.

MR. CALLEBS: Okay.

MS. BROTHERS: My concern is that there were no new budget slots. I mean, no new slots put in the budget, in this house bill for these waivers. I mean, that's who we represent. We represent these individuals with disabilities yet these waivers have, like Michelle P, has these high numbers on these waiting lists. And nothing was put in this house bill for these waivers on this current budget so that concerns me.

So, for us, I think we need to be making the motion and requesting that this be put in and get this to the senators and the staff meeting and say that we want these slots put in to this budget even though we don't have any money, I still think we need to request it.

MR. CHRISTMAN: Would you say funding for the slots that have already been authorized at least?

MS. BROTHERS: Yes, at least those. I mean, we need new slots. We need more money because we have all these people on Michelle P.

MR. CHRISTMAN: Well, the problem with Michelle P as I understand it is that there's available slots, there's a waiting list and there's

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people who should be in the Michelle P but you have to go through the waiting list. And so that's why there's slots -- so there are open slots.

MR. GRESHAM: There are. We just received 200 not long ago. But we have to go through the process of letting them get a level of care assessment. If they fail to meet level of care then they have to over-ride so that is an additional amount of time we have to wait before we can reallocate the slots.

MR. CHRISTMAN: So even if you had more slots, people would still be on the waiting list?

MR. GRESHAM: That's correct.

MS. BROTHERS: But, I mean, how long does that take? I guess my question is, my son has been on that like a year and something, that waiting list. You haven't even contacted me yet so, how long is it going to take for me to get that --

MR. GRESHAM: I don't know where your son is on the waitlist.

MS. BROTHERS: Well, I mean, I guess, yeah I mean, I'm sure there's lots of people like me out there.

MR. GRESHAM: Unfortunately at the time the waitlist was started we were not allowed to put any

criteria of what -- of the individuals that would go on that waiting list. We did not do any screening we didn't do anything. They just filled out a form and we put them on the waitlist. We have to go through all those individuals in order to get to the ones who do really need it.

We are -- Alisha is working on a contact modification with the CMHCs to do basically a reassessment of the Michelle P waiting list. The CMHCs will go out and do the assessment and then I have staff that will review that and determine whether they have the potential of being on Michelle P and truly meeting the criteria. If they do then they'll remain on the waitlist. If they don't then we will issue hearing rights. And they'll be taken off the list. Which we hope to reduce the waitlist.

MR. CALLEBS: So it's a long screening process --

MR. GRESHAM: It is.

MR. CALLEBS: -- to be able to go down the list and actually get one allocated.

MR. GRESHAM: We have roughly 4,000 or 4500 people that we have to get through that did not have any screening material.

MS. BROTHERS: Okay. So how many slots do you

have right now for that Michelle P?

MR. GRESHAM: Open slots?

MS. BROTHERS: Open slots.

MR. GRESHAM: Around 300.

MS. BROTHERS: 300. Okay. And you have how many people on that waiting list?

MR. GRESHAM: 6200.

MS. BROTHERS: 6200. So, how are you going to fill all of those? I mean, I'm just saying all of those 6200 are not going to be disqualified. I mean, I guess that's why I'm asking. We would need more slots right? For these waivers?

MR. GRESHAM: Eventually.

MR. HARVEY: Well, if you have slots that are being unused, I don't know how -- how you can ask for more slots? We've got slots that are not being used. We need to get those slots filled before we can ask for more slots.

MR. CHRISTMAN: What's your experience? Are you doing this, you're involved with this, right?

MR. GRESHAM: Yes.

MR. CHRISTMAN: Yes. What's your experience in terms of the on average what percentage end up being handled off the top of your head? Is it less than half or?

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MR. GRESHAM? I can't tell you a percentage.
MR. CHRISTMAN: Yeah.
MR. GRESHAM: I can tell you that in the last, I think it was year and a half, two years, we have allocated 2750 slots and we have not hit 10,500. So I can't tell you what the --
MR. CHRISTMAN: Do you know how many applications you have gone through? Or, I mean, you allocated 2750 but you've gone through more of the applications than that, right?
MR. GRESHAM: That was done, I mean, the 2750 was done, calculated about -- let me figure something here. It was calculated about six months ago we've done more since then, so we might be up to around 10,000. Of those we have increased the Michelle P allocated count by a couple hundred.
MR. CHRISTMAN: Okay. I was just trying to find out on average as a percentage what's your experience been as to how, what portion of those people on the waiting list are actually eligible for services?
MR. GRESHAM: No idea.
MR. CHRISTMAN: No idea? How many have you reviewed, how many applications have you reviewed in the last twelve months? How many assessments have

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you done?

MR. GRESHAM: I don't know.

MR. BROTHERS: Do you think you will use those 300 slots before this time runs out, is what my question is I guess.

MR. HARVEY: I don't know the --

MR. GRESHAM: Because once we all -- like the 200 slots we allocated, we have to reserve time for them to do an appeal of the EOB before -- before we can reallocate that slot. So, it takes a period of ninety to a hundred and twenty days for a slot. And that's if the wait process is going forward with the timeframes that they need to.

MS. BROTHERS: And how many do you have for the SCL?

MR. GRESHAM: 2415 total. 2269 for future, 126 for urgent and 20 for emergency.

MS. BROTHERS: No, I mean, how many slots available for right now?

MR. GRESHAM: Oh, I'm sorry, none right now.

MS. BROTHERS: You don't have any slots?

MR. GRESHAM: We will have some slots once we work through the various systems to ensure that we only reallocate the number of slots that we actually have. We'll know probably in the next 30 days.

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MR. SHANNON: Those are slots that have become vacant for some reason and you can reallocate those slots at the end of the waiver period. So they're going through the process, right Earl?

MR. GRESHAM: Yes.

MR. SHANNON: But to kind of squat those slots to make sure they're not going to be utilized by that person when they become available. So there's not new slots in the budget, there's slots that were for some reason were not utilized at the end of the waiver period. And that creates additional opportunity for people in this list?

MS. BROTHERS: Well, then shouldn't we be putting some new slots in SPF?

MR. GRESHAM: Well, you don't yet know how many because --

MR. CHRISTMAN: Well, we probably already have more than 20. But you already know you have more than 20?

MR. GRESHAM: I do.

MR. STEVENSON: And Sherri, I hear what you're saying, I think part of the issue that I'm feeling is that as a community, a provider group we have the meeting with the house and the senate to talk about increases to the SCL rate because it's deplorable.

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And there's 10 percent that they -- but we were asking for 25 percent and they put 10 percent in the house budget hoping to get the senate to pass it.

At this point it's -- it's too late to ask for additional slots and it would be counterproductive because the 10 percent increase is like on the edge as it is. If we were to ask for something on top of that, that would be counterproductive to ask, that we had current that's kind of, that's the concern that I think happened.

MR. HARVEY: I don't think the providers can support it anyway, additional slots. You've got providers all over the state of Kentucky downsizing --

MR. STEVENSON: Right.

MR. HARVEY: -- because of inadequate rate run. And I think that is one of the issues that we face.

MR. STEVENSON: We've got to get the rates right and then people will start taking them.

MR. HARVEY: And to be honest I don't know that a 10 percent increase really cures all providers problems. You say, you know, now one we're real late in the process to be asking for slots to be added to any of the budgets. So I don't

know that we would get anywhere on that because there's only what eleven or ten days left now. The budget has to be reduced in Kentucky in ten days? You know?

MR. STEVENSON: We've got to fix the rates because we're finding that what was it 80 something 85 percent of providers are not accepting new referrals? Those are the latest statistics.

MS. BROTHERS: Well, I mean, I know we passed that here. We suggested that creating it here but I'm just saying I still think we should think about --

MR. HARVEY: All we did was make a recommendation to MAC. It didn't get put in the budget because we made a recommendation to MAC because it didn't come out of the government's budget. It came out in the houses' budget and that was through a lot of hard work by the provider association and by the providers and such throughout the state of Kentucky just to get it to the house vote and now we're trying to hang on to it through the senate.

MR. CALLEBS: I'll just say, you know, privately providers tell me that they are currently planning for downsizing if not closure just because

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poor economic reasons.

MR. HARVEY: It's a huge problem. I mean, people think it's not and they think we're blowing hot air and that's not the case.

MR. CALLEBS: Well, they're saying they're not taking any new referrals or admissions because on the other side they are making plans to downsize and just holding on to their commitments to their people that were already supporting. So it's reached a breaking point and, you know, people are not saying this publicly because and then some things are larger providers, just because they don't want to create a panic or, you know, lose staff which you already have tremendous staff shortages so you can't have the existing staff that you do have, you know, bailing on you then there's nobody remaining. In time so it's --

MR. STEVENSON: At the house budget that Johnny and I testified in front of, I want on record to say that my organization, the community division of 8.5 million dollar budget is experiencing a 1.2 million dollar loss in it's ETA budget because of the SCL rates. So there's no way we're going to be accepting any, you know, and that didn't surprise me if 85 percent are not going to as well so --

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MR. CALLEBS: That have reported saying that no we can't support this person and we can't take this referral because we know we can't afford to support them. So 85 percent of slots in the survey you know, said that, you know, where they have every referrals based on --

MR. STEVENSON: And that doesn't add comfort to any, to a mom who's saying what about my kid getting any services? And the provider groups are saying we'd love to do that but we need to shore up the rates first, then we can go for the added, you know, added, you know, dollar or added slots.

MS. BROTHERS: Well, I guess I'm just coming from a different perspective because I go to work every day and I work for free and all of our funding has been kept. So I raise my funds from scratch every day and I am here to represent those parents because that's who I am.

MR. HARVEY: Well, we understand that --

MS. BROTHERS: It's different for me.

MR. HARVEY: -- and we're compassionate to that. What you got understand is we haven't had a rate increase for fourteen years. Fourteen years! $5.15, $5.15 was the minimum wage the last time we had a rate increase. $5.15 an hour. You know try

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running your own household on the same thing that --

MS. BROTHERS: And I am running my own household on that.

MR. HARVEY: And that's Hey, and that's what we've been struggling with. The problem is that a lot of our providers have reached the point where it's -- it's going to break.

MS. BROTHERS: Well, I understand. I mean, I hear from the parent's perspective as far as they want their workers to get paid well because they want to keep their workers. I understand what you're saying. I'm just concerned about there being enough slots for individuals, that's all. I just want you to understand my point of view.

MR. CHRISTMAN: Yeah, I understand it too. What I think we've -- we've determined in terms of Michelle P even if we added more slots it wouldn't change people getting off the waiting list any faster. Didn't solve that problem. I understand what you're saying Sherri, too. We are, it looks like we'll get people off the emergency list who are on there right now. I realize there is a conflict here.

MS. BROTHERS: Yes.

MR. CHRISTMAN: There's no doubt about it. I

will say this, the Governor did not have additional slots in his budget. So we didn't take anything away from being additional slots but what the provider community did do is add more money for rate increases.

I don't think that had any impact whatsoever on the number of slots that are going to be funded; however, it doesn't hurt if you'd like to make a motion that you think there still needs to be more slots in the SCL program. I don't think as Wayne says it's going to have any impact at this point because it is kind of late in the game. Yeah.

MR. CALLEBS: Well, it would be entertained at this point.

MR. HARVEY: But by the time the MAC meets the budget is already going to be issued anyway.

MR. CHRISTMAN: Yes, exactly.

MR. HARVEY: So it's kind of irrelevant. As far as the motion goes that that would be carried forward to anywhere's outside of the MAC is all I'm saying.

MR. CHRISTMAN: Well, not everything we recommend gets done. So, it doesn't hurt to go ahead and make that motion.

MR. HARVEY: I thought you made everything

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happen.

MR. CHRISTMAN: (laughs) No.

MS. BROTHERS: I still want to make the motion.

MR. CHRISTMAN: Okay. So what is your motion?

MS. BROTHERS: I think that more slots should be put in for the SCL.

MR. CHRISTMAN: How about if we at least fund the slots that have already been authorized?

MS. BROTHERS: I guess so.

MR. CHRISTMAN: Which are some number. Might be 124. Right? Is there a second to that motion?

MR. GRESHAM: So what's the motion? I'm sorry.

MR. CHRISTMAN: To -- to fund the slots that have already been authorized in the prior budget -- in the current budget year. Any other discussion on that? All in favor?

GROUP: Aye.

MR. CHRISTMAN: Michelle P waiting lists, we've talked about it but I think -- what's the number on the waiting list?

MS. BROTHERS: The exact number is 6,265 and 60 percent are under the age of 18.

MR. CALLEBS: 60 percent under the age of 18?

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MS. BROTHERS: Yes.

MR. CHRISTMAN: One more time, how many unfilled slots are there Sherri?

MS. BROTHERS: About 300.

MR. CHRISTMAN: Okay. I believe we've talked about this in the rate of approval. We don't quite know what the rate is, right? Or what the percentage, correct? Okay. Our next meeting is May 2nd. Does anybody have any other business to bring out? So, motion to adjourn.

MS. BROTHERS: Yes.

MR. CHRISTMAN: Unanimous consent.

(WHEREUPON, the IDD-TAC meeting is concludes at 12:10 p.m.)

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CERTIFICATE

STATE OF KENTUCKY)
COUNTY OF OLDHAM)

I, BRENDA YANKEY, the undersigned Court Reporter and Notary Public in and for the State of Kentucky At Large, certify that the facts stated in the caption hereto are true, that at the time and place stated in said caption, the witness named, that after being duly sworn, was examined by counsel for the parties; that said testimony was taken down in stenotype by me and later reduced to type writing, and the foregoing is a true record of the testimony given by said parties hereto and that I have no interest in the outcome of the captioned matter.

My commission expires: January 31, 2020.

IN TESTIMONY WHEREOF, I hereunto set my hand and seal of office on this day March 28, 2018.

Crestwood, Oldham County, Kentucky.

BRENDA YANKEY, NOTARY PUBLIC
STATE AT LARGE, KENTUCKY
NOTARY ID #546481